



PHYSICAL EXAMINATION AND LABORATORY DATA

Name _____

Date ____/____/____ DATE06
Mo. Day Yr.

A. Physical Examination

- WEIGHT06
1. Weight _____ kg _____ lbs.
2. Height HEIGHT06 cm _____ inches
3. Pulse PULSE06 per min.
4. Blood pressure SYSBP06 / DIASBP06 / mm Hg (upper ext. supine)
- | | 1 Yes | 2 No |
|-----------------------------|-----------------------------------|--------------------------|
| 5. S ₃ Sound | S3SND06 <input type="checkbox"/> | <input type="checkbox"/> |
| Basilar rales | RALES06 <input type="checkbox"/> | <input type="checkbox"/> |
| Pitting edema | EDEMA06 <input type="checkbox"/> | <input type="checkbox"/> |
| Elevated venous pressure | ELEVAT06 <input type="checkbox"/> | <input type="checkbox"/> |
| Mitral regurgitation murmur | MURMUR06 <input type="checkbox"/> | <input type="checkbox"/> |
| Hepatic enlargement | HEPATC06 <input type="checkbox"/> | <input type="checkbox"/> |

B. Laboratory Data

- | | | Not Done |
|--------------------------------|---------------------------------------|---------------------------------------|
| 1. Creatinine | CREATN06 / _____ mg% | BUN06 <input type="checkbox"/> |
| 2. Packed cell volume | PCLVOL06 | <input type="checkbox"/> |
| 3. Glucose | | |
| | Fasting | GFAST06 mg% <input type="checkbox"/> |
| | 2-hr Pc | G2HRPC06 mg% <input type="checkbox"/> |
| | at random | GRANDM06 mg% <input type="checkbox"/> |
| 4. Cholesterol | CHOLE06 mg% <input type="checkbox"/> | |
| 5. Triglycerides | TRIGLY06 mg% <input type="checkbox"/> | |
| 6. Lipoprotein electrophoresis | | <input type="checkbox"/> |
| | 1 Normal <input type="checkbox"/> | |
| | 2 Abnormal <input type="checkbox"/> | |
| | LIPOPR06 | |
| If abnormal circle type: | ABNTYP06 | |
| 1 I | 2 IIA | 3 IIB |
| 4 III | 5 IV | 6 V |
| 7 None of these | | |

For clinic use: _____

Name of person filling out form _____